

Live Births* for the Week

Sun: _____ thru Sat: _____
mm/dd/ccyy mm/dd/ccyy

Hospital: _____

Person reporting: _____ Phone () _____

Mail or FAX on Monday morning to:

Newborn Screening Laboratory
Washington State Department of Health
PO Box 55729
Shoreline, WA 98155-0729
Phone (206) 418-5410
Fax (206) 418-5415

Instructions: Please **Print** or **Type**

* Please **Do Not List Stillbirths**

Please note **Transfers** (location and date), **Deaths** (include date) and **Adoptions** under Comments

[illegible]

Thank You For Your Cooperation

